



## **Universal Newborn Hearing Screening – Fact Sheet**

This is a statewide program and reduction in funding would reduce the ability of Louisiana to meet the national universal newborn hearing screening and intervention (UNHSI) goals. This program is funded by two federal grants, from the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB).

### **Objective:**

National 1-3-6 goals: newborns screened for hearing loss by 1 month, those who do not pass initial screening tested by 3 months; those identified with hearing loss enrolled in early intervention by 6 months for Universal Newborn Hearing Screening and Intervention (**UNHSI**)

### **Performance Indicators**

1. % newborns hearing screened at birth
2. % lost to follow-up from initial screening

Hearing Speech and Vision (HSV) Program in OPH assures that every infant born in Louisiana is screened for hearing loss prior to hospital discharge or by one month of age. Universal Newborn Hearing Screening and Intervention (UNHSI) is legislatively mandated in Louisiana. Prior to universal screening, about 5% of newborns were screened, currently over 97% are screened. Hospitals must screen all infants and report results to HSV via the electronic birth certificate (EBC) to Vital Records. Those infants who do not pass the initial screening must be referred for follow-up rescreening and/or testing, to be completed by three months of age. Over 97% of infants are screened prior to hospital discharge; the national goal is over 95%. Up to 50% of these infants may be lost to follow-up or lost to documentation of follow-up. Audiologists and physicians who perform follow-up testing must report follow-up findings to HSV. Current efforts are targeted to assuring that children who need follow-up will return for testing.

The accuracy rate for screening has improved dramatically since the inception of the program. Initially over 25% did not pass initial screening due to a high false positive rate. Currently, the refer rate is approximately 5%, consistent with national standards. A more accurate screening

rate reduces the number of children who are required to return for follow-up. Successful activities to improve follow-up return rates have been applied to targeted hospitals with successful reduction in loss to follow-up rates.

When programs began, the loss to follow-up rate was nearly 70% and has been reduced to below 50% nationally. These activities follow the National Initiative for Children's Healthcare Quality (NICHQ) piloted by 8 state UNHSI programs. The program is now working to apply successful strategies statewide. The program receives \$150,000 from Health Resources Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB) for this initiative. An additional \$150,000 in funding has been awarded and it stated to be available for 3 years from HRSA.

### **Better Health**

The program targets all Louisiana newborns and their families. HSV collaborates with all birthing hospitals and with audiologists and physicians providing follow-up rescreening or diagnostic audiological testing. The program is fostering family to family support through the use of a parent consultant and encouraging family organizations. Appropriate early intervention for children identified with hearing loss may include hearing aids and Early Steps services. The UNHSI program has a partnership with the Parent-Pupil Education Program (from the Louisiana School for the Deaf) and Early Steps to assure that families of children identified with hearing loss will have immediate access to a professional who is knowledgeable about hearing loss.

State Outcome Goal: Better Health: Increase the number of children ready for kindergarten:

- Early identification of hearing loss assures that appropriate interventions are provided to children with hearing loss.
- Appropriate early interventions enable children with hearing loss to enter school with skills commensurate with their hearing peers, and leads to language and reading skills commensurate with hearing peers.

### **Revised Statute, Chapter 22-2201-2211 and Chapter 30A-2261-2267. LAC 48: V. Chapter 22 Identification of Hearing Impairment in Infants**

#### **CFDA: 93.251 Grant Award: H61MC00014 (100% Federal)**

Nationally the average age of identification of hearing loss has been reduced from 2.5 years to approximately 6 months. Early identification and early intervention has been shown to improve speech/language acquisition; performance in school achievement and reduction of special

education services needed. Christina Yoshinaga-Itano at the University of Colorado has published outcome research demonstrating the effectiveness of the universal newborn hearing screening programs. Results verified scores 20 to 40 percentile points higher on school related measures: vocabulary, articulation, intelligibility, social adjustment and behavior. National EHDI data is available at <http://www.cdc.gov/ncbddd/ehdi/data.htm>